Annual Provider Training 2017

Agenda

- **Claims overview:**
  - Top five claim denials and common causes of claim rejections.
  - Reminders on filing deadlines, claim adjustments, and refunds.
  - Global issues.

- **Utilization management reminders:**
  - Key information.
  - Submitting requests.
  - Time frames review.

- **Resources:**
  - Top five calls to Provider Services.
  - Differences between provider-facing staff.
  - NaviNet.

Claims Overview

Top Five Claim Denial Reasons

No prior authorization.

Duplicate claim.

Incorrect bill type.

Patient is not eligible at the time of service.

Timely filing has expired.

Filing Deadlines

Type	Deadline
Original paper and electronic claims	Submitted within **180 days** from the date of service.
Rejected claims	Corrected and resubmitted within **180 days** from the date of service.
Denied claims	Resubmitted as a corrected claim within **365 days** from the original date of service.
Claims with an explanation of benefits (EOB)	Submitted within **60 days** of the date on the primary insurer's EOB (claim adjudication).

Resubmitting Claim Adjustments

Step one

Use one of the following **resubmission or frequency** codes to indicate that the claim is a corrected, replacement, or voided claim:

7 — Corrected or replacement of prior claim.
8 — Void prior claim.

Effective August 24, 2017, to avoid unnecessary claim rejections when resubmitting electronic and paper claims, follow these guidelines.

Resubmitting Claim Adjustments

Step two	Include the resubmission or frequency code **and** original claim number in the correct location(s) on your claim.	
Submission method	**Type of claim**	
	CMS-1500	**UB-04**
Paper	Include resubmission code **and** original claim number in **Field 22: Resubmission Code and/or Original Ref. No.**	Include frequency code as the last digit in **Field 4: Type of Bill**. Include the original claim number in **Field 64: Document Control Number (DCN).**
	Note: AmeriHealth Caritas Iowa no longer accepts handwritten notes on resubmitted paper claims as indicators of a corrected claim.	
EDI (Electronic)	Include the resubmission code by using **bill type in loop 2300, CLM segment** (CLM05-03). Include the original claim number in **loop 2300, segment REF01=F8 and REF02=the original claim number**; with no dashes or spaces.	Include the frequency code by using **bill type in loop 2300**. Include the original claim number in **loop 2300, segment REF01=F8 and REF02=the original claim number**; with no dashes or spaces.

Effective August 24, 2017

Resubmitting Claim Adjustments

Step three

Make sure the corrected claim contains a valid member ID
and billing provider tax ID that match the original claim.

If the member ID or billing provider tax ID need to be corrected,
void the original claim (using resubmission or frequency code 8) and submit
a new, clean claim using the correct member ID or billing provider tax ID.

Effective August 24, 2017

Claim Disputes

If a claim or a portion of a claim is denied or underpaid

Claim dispute **must be** within **180 days** from the date of the denial or payment.

A **telephone inquiry** regarding claim payment or denial **does not** constitute a claim dispute.

Must be sent in writing, along with supporting documentation to:
AmeriHealth Caritas Iowa
Attn: Claim Disputes
P.O. Box 7122
London, KY 40742

Provider claim dispute form
Visit the **Providers** section at www.amerihealthcaritasia.com, then **Forms** to download the form.

Claim Refunds

Claim refunds for improper payment or overpayment

Include member's name and ID number, date of service and claim ID number.

Send to:
AmeriHealth Caritas Iowa
Attn: Provider Refunds
P.O. Box 7113
London, KY 40742

New: a provider claim refund form
Visit the **Providers** section at www.amerihealthcaritasia.com, then **Forms** to download the form.

Common Causes of Claim Rejections

Paper	Electronic
• EOBs from primary insurers missing or incomplete. • Future claim dates. • Illegible claim information. • Incomplete forms. • Member's AmeriHealth Caritas Iowa identification number missing or invalid.	• Missing or invalid required fields. • Claim records with invalid codes (e.g., CPT-4, HCPCS, or ICD-10). • Claims without member ID numbers or dates of birth.

Global Claims Issues Identified

- National Drug Code.

- Secondary claims.

- Provider specialty denials.

- Modifier denials.

- Authorization and claim matching.

- Durable medical equipment denials.
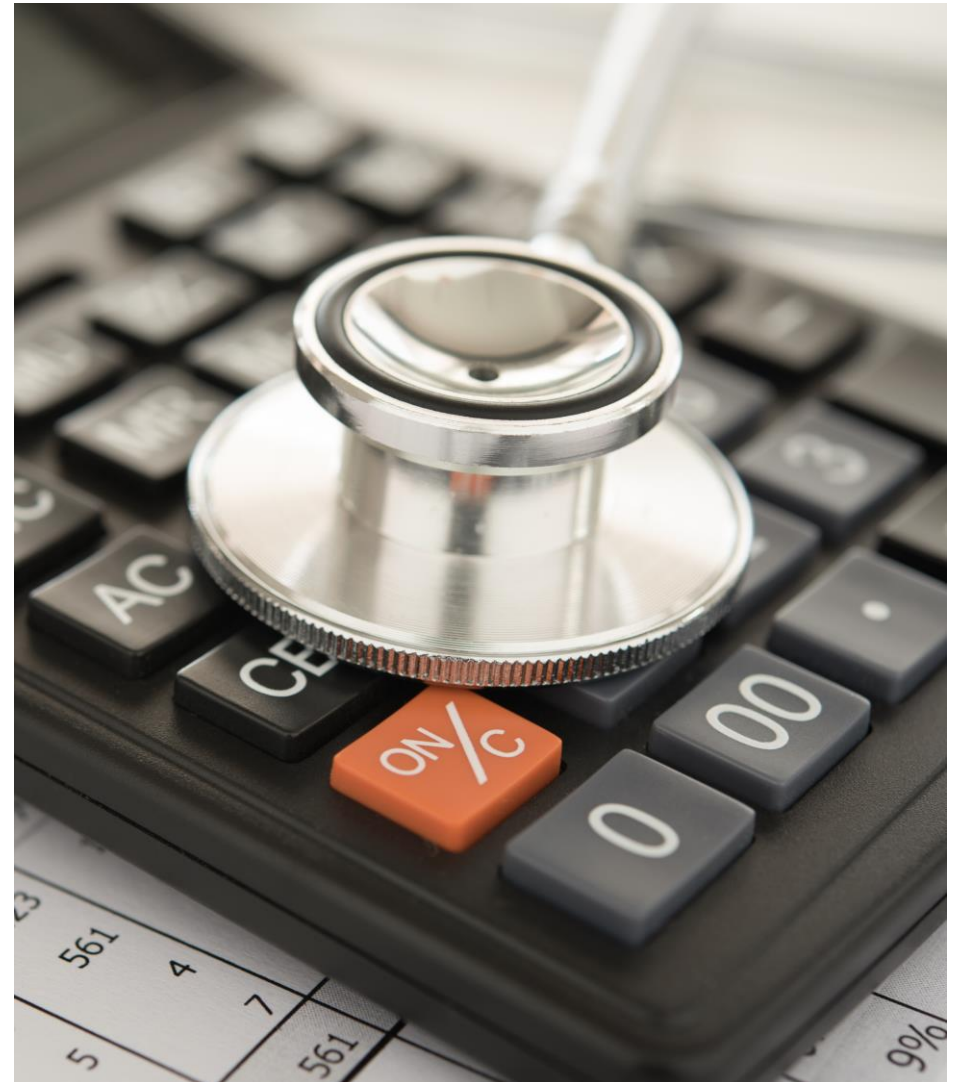
Utilization Management (UM) Reminders

UM Key Information

Hours of operation	Contact information	
8:30 a.m. – 5 p.m. Central time, Monday – Friday. **Note:** Long-term services and supports (LTSS) UM hours are 8 a.m. – 5 p.m. Central time, Monday – Friday.	**Physical medicine**	Phone: 1-844-411-0604 Fax: 1-844-399-0478
	Behavioral medicine	Phone: 1-844-214-2474 Fax: 1-844-214-2469
	LTSS	Phone: 1-844-411-0604, option 4 Fax: 1-844-399-0479

After hours	Acute psychiatric inpatient requests
• An on-call nurse is available after hours through **Member Services** at **1-855-332-2440**. • The Member Services representative will activate the on-call process for the nurse.	The Behavioral Health UM team is available **24/7/365** at **1-844-214-2474**.

Submitting a Prior Authorization Request

Fax

Use the prior authorization request forms at www.amerihealthcaritasia.com in the **Providers** section, under **Forms**.

NaviNet (Jiva)

- Request inpatient, outpatient, home care, and durable medical equipment (DME) services.
- Submit extension-of-service requests.
- Request prior authorizations and attach supporting clinical documents and contact information.
- Verify elective admission authorization status.

Telephonic

Have clinical information ready when making a request.

Prior Authorization Review Time Frames

Review type	Time frame
Standard prior authorization	As quickly as required by the member's health condition, **not to exceed seven calendar days**.
Expedited prior authorization	As quickly as required by the member's health condition, **not to exceed three business days**.
An expedited request is completed when the **standard timeframe could seriously jeopardize the member's life or health** or ability to attain, maintain or regain maximum function.	

Emergency room services (in-network and out-of-network) do not require prior authorization. However, AmeriHealth Caritas Iowa reserves the right to retrospectively review all cases.
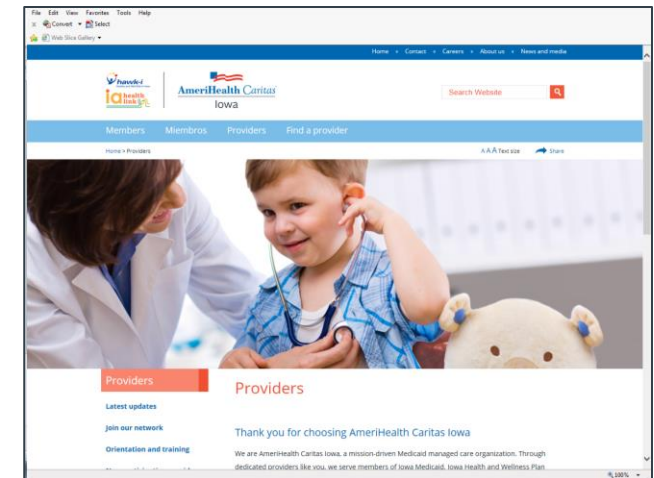
Resources

Resources

Resource	
Provider Services	1-844-411-0579 Select option 2 for claims.
EDI technical support	1-844-341-7644
Website	www.amerihealthcaritasia.com
E-blast	*Network News*
Provider Network Account Executives	Statewide
Provider Portal	NaviNet

Top Five Calls to Provider Services

Claim status check.

Remittance advice request.

Education on policies and procedures.

Information on programs and services.

Member eligibility check.

Differences Between Provider-Facing Staff

Contact Provider Services for:

- Claim status inquiries.

- Benefit guidelines and limitations.

- Mailing inquiries.

- Material requests.

- Payment disputes.

- Provider billing errors.

- Authorization inquiries.

Contact your Provider Network Account Executive for:

- Agreement and contract discussions.

- Authorization issues.

- Coding or fee schedule updates.

- Contracting.

- Credentialing.

- Data requests.

- Provider education and training.

- Regulatory changes.

Tip: Go to the Providers section at **www.amerihealthcaritasia.com** for a list of Provider Network Account Executives and their contact information, territories, and specialties.

NaviNet (Provider Portal)

NaviNet features

Secure provider portal.

Providers can:

- **Check** member eligibility and benefits.

- **Submit** prior authorizations.

- **Submit** claims.

- **Check** claims status.

- **Report** inquiries on administrative, clinical, and financial reports.

Tip: If you still need to sign up, review the NaviNet Enrollment Guide by visiting www.amerihealthcaritasia.com. Go to the **Providers** section, and then **Resources**.

Enrollment User Guide
AmeriHealth Caritas Iowa
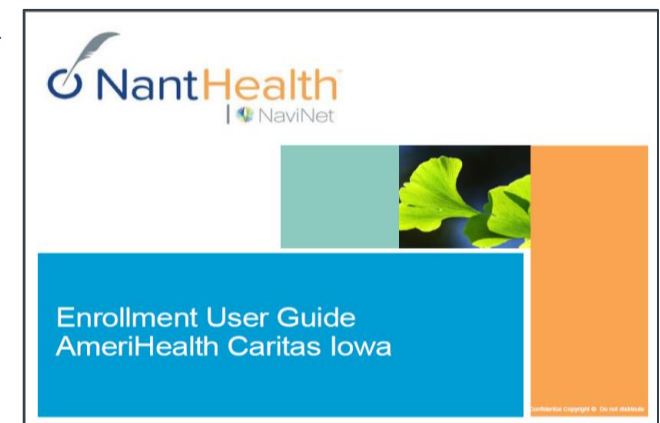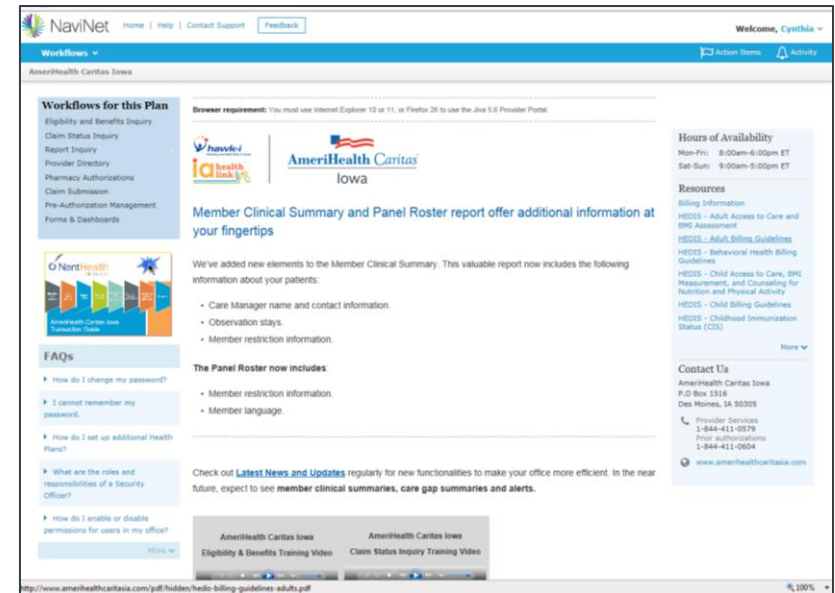
For more information

- Visit our website at **www.amerihealthcaritasia.com**.

- Call Provider Services at **1-844-411-0579**.

- Email **iowaprovidernetwork@amerihealthcaritas.com**.

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30 YEARS

of making

care the **heart**
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